

F
I
R
S
T

Reporting Agency ME0030500		Report Number 12-003121		Crash Date 12/10/2012		Crash Time 05:44		At Scene Date 12/10/2012		At Scene Time 05:50	
City or Town Portland			Street or Highway HIGH ST			Nearest Intersecting Street Int of HIGH ST, YORK ST			<input type="checkbox"/> Off Road		
Direction FROM Nearest Intersection to Crash Site <input checked="" type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude 43.651150			Longitude -70.258110		
Node 1 18529		Node 2 0		Measurement Node		Distance to Scene 0 Miles 0 Tenths		Posted Speed Limit Miles Per Hour		<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45	
(F1) Type of Crash 9 - Bicycle						(F2) Type of Location 4 - Four Leg Intersection					
(F3) Weather Condition 5 - Sleet, Hail (Freezing Rain or Drizzle)						(F4) Light Condition 4 - Dark - Lighted					
(F5) Road Grade 2 - On Grade						(F6) Road Surface Condition 2 - Wet					
(F7) Traffic Control Device 2 - Traffic Signals (Flashing)						Traffic Control Device Operational (pre-crash)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F8) Location of First Harmful Event 1 - On Roadway						Total Damage over Threshold? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
(F9) Contributing Circumstances - Environment 1 2 - Weather Conditions						(F9) Contributing Circumstances - Environment 2					
(F10) Contributing Circumstances - Road 1 1 - None						(F10) Contributing Circumstances -Road 2 1 - None					
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone					
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input checked="" type="checkbox"/> No					
<p>NARRATIVE</p> <p>Unit 1 was turning left onto High Street from York Street. A pedestrian on a bicycle was traveling South on High Street approaching York Street. Unit 1's intersection lights were flashing yellow. The pedestrian failed to stop at the intersection before going threw it and Unit 1 collided with the pedestrian. Pedestrian complained of knee pain and was transported to Maine Medical Center.</p>						<p>CRASH DIAGRAM</p>					
Witness Last Name		First		MI		Address		City		State Zip	
Witness Last Name		First		MI		Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Reporting Officer Officer Charles Hodgdon				Badge# 188		Report Date 12/10/2012		Approved By Administrator Erin e Clark		Approved Date 12/11/2012	

Report Number
12-003121

STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 1FAFP37NX7W293458	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car
<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name *		Insurance Policy Number *	
(U2) Vehicle Make 18 - FORD			Vehicle Year 2007	(U3) Vehicle Color 8 - Grey, Silver	
(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		HAZMAT Placarded ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Travel Direction <input checked="" type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle 1 - No Special Function			<input type="checkbox"/> Exempt Vehicle		
Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No					

N
I
T

Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage		
(U6) Most Damaged Area 9 - Center Driver Side	(U7) Most Harmful Event 9 - Pedestrian	
(U8) Pre Crash Actions 6 - Making left turn	(U9) Contributing Circumstances - Vehicle 1 - None	
(U10) Sequence of Events 1 21 - Motor Vehicle In Transport	(U10) Sequence of Events 2 17 - Pedestrian	
(U10) Sequence of Events 3	(U10) Sequence of Events 4	

D

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator	License Number *	<input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State ME	License Class C	Endorsements	Restrictions
DRIVER Last Name *	First Name	MI	DRIVER Address * ME*	City	State	Zip
Citation Number	Pending <input type="checkbox"/>		Violation 1	Violation 2		

R
I
V
E
R

OWNER Last Name (skip if same as Driver) *	First Name	MI	OWNER Address * ME*	City	State	Zip
(D1) Driver Distracted By 1 - Not Distracted			(D2) Condition at Time of Crash 1 - Apparently Normal			
(D3) Driver Actions at Time of Crash 1 1 - No Contributing Action			(D3) Driver Actions at Time of Crash 2			

O
C
C
U
P
A
N
T

Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical TEST (Not Field Sobriety or PBT)	<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending	
(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash		
(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2		
(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers		

PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

SEAT ROW	SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Incapacitating
3-Third Row	3-Right	3-Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-Nonincapacitating
4-Fourth Row	4-Other	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Burns	4-Back	4-Possible Injury
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deployed - Other (knee, air belt,...)	5-Lap Belt Only Used	5-Concussion	5-Arm(s)	5-No Injury
6-Unknown	6-Unknown	6-Unknown	6-Deployed - Combination	6-Restraint Used - Other	6-Shock	6-Leg(s)	
			7-Deployment - Curtain	7-Child Restraint - Forward Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE
				8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	1-Officer Observation
				9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	2-Individual Statement
				10-Booster Seat	10-Other	10-Other	3-Medical, Paramedical Observation
				11-Child Restraint - Other			

AMB CODES - see code sheet

Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians Last Name, First Name, Mi	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	*	M	09/17/43	1	1		2	1	3	3	5			2	1
2	*	F	04/20/52	1	3		2	1	3	3	3	1	10	1	1

Report Number
12-003121

STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID 500	<input type="checkbox"/> Hit Run?	VIN	License Plate *	State	(U1) Unit Type 23 - Bicyclist
-----------------------	-----------------------------------	-----	--------------------	-------	---

N
I
T

<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name *	Insurance Policy Number *
(U2) Vehicle Make	Vehicle Year	(U3) Vehicle Color	
(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle <input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No		

D

Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage			
(U6) Most Damaged Area	(U7) Most Harmful Event		
(U8) Pre Crash Actions	(U9) Contributing Circumstances - Vehicle		
(U10) Sequence of Events 1	(U10) Sequence of Events 2		
(U10) Sequence of Events 3	(U10) Sequence of Events 4		

R
I
V
E
R

<input type="checkbox"/> Driver <input type="checkbox"/> Last Known Operator	<input checked="" type="checkbox"/> Bicycle	<input type="checkbox"/> Pedestrian	License Number *	<input type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State	License Class	Endorsements	Restrictions
BICYCLIST Last Name *	First Name	MI	BICYCLIST Address		City	State	Zip	
Citation Number	Pending <input type="checkbox"/>	Violation 1		Violation 2				
OWNER Last Name (skip if same as Driver)	First Name	MI	OWNER Address		City	State	Zip	
(D1) Driver Distracted By	(D2) Condition at Time of Crash 1 - Apparently Normal							
(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2							
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input checked="" type="checkbox"/> Test Not Given	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Blood	<input type="checkbox"/> Alcohol Test Result Pending		Alcohol BAC Result		
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Test Not Given	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending				
(D4) Non Motorist Location at Time of Crash 2 - Intersection - Unmarked Crosswalk	(D5) Walking/Cycling Along Roadway Against Traffic (In or Adjacent to Travel)							
(D6) Non Motorist Action at Time of Crash 1 9 - Not Visible (Dark Clothing, No Lighting, Etc.)	(D6) Non Motorist Action at Time of Crash 2 3 - Failure to Yield Right-Of-Way							
(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers							

O
C
C
U
P
A
N
T

PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

SEAT ROW	SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Incapacitating
3-Third Row	3-Right	3- Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-NonIncapacitating
4-Fourth Row	4-Other	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Burns	4-Back	4-Possible Injury
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deployed - Other (knee, air belt,...)	5-Lap Belt Only Used	5-Concussion	5-Arm(s)	5-No Injury
6-Unknown	6-Unknown	6- Unknown	6-Deployed - Combination	6-Restraint Used - Other	6-Shock	6-Leg(s)	
EJECTED	HELMET USE		7-Deployment - Curtain	7-Child Restraint - Forward Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet			8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	1-Officer Observation
2-Ejected Partially	2-Other Helmet			9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	2-Individual Statement
3-Ejected Totally	3-No Helmet			10-Booster Seat	10-Other	10-Other	3-Medical, Paramedical Observation
				11-Child Restraint - Other			

AMB CODES - see code sheet

Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
7	* Last Name, First Name, Mi	M	10/25/69								4	8	6	2	546

A